



Please type a plus sign (+) inside this box →

Approved for use through 9/30/00, OMB 0651-0031  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/427,447
		Filing Date	27 Oct 99
		First Named Inventor	Szynalski
		Group Art Unit	3712
		Examiner Name	Rimell
Total Number of Pages in This Submission		Attorney Docket Number	EK795075411US

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

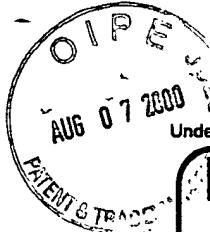
Firm or Individual name	Mark Pohl
Signature	Mark Pohl
Date	4 Aug 00

### CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Mark Pohl
Signature	
Date	

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



08-08-C

126

PTO/SB/17 (6/99)

Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

**TOTAL AMOUNT OF PAYMENT** (\$)

Complete if Known

Application Number	09/427,447
Filing Date	27 Oct. 99
First Named Inventor	Szynalski
Examiner Name	Rimell
Group / Art Unit	3712
Attorney Docket No.	

METHOD OF PAYMENT (check one)				FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number <input type="text"/>  Deposit Account Name <input type="text"/>  <input type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17				<b>3. ADDITIONAL FEES</b> Large Entity Small Entity Fee Fee Fee Fee Description Fee Paid Code (\$) Code (\$) Code (\$) Code (\$)			
				105	130	205	65 Surcharge - late filing fee or oath
				127	50	227	25 Surcharge - late provisional filing fee or cover sheet.
				139	130	139	130 Non-English specification
				147	2,520	147	2,520 For filing a request for reexamination
				112	920*	112	920* Requesting publication of SIR prior to Examiner action
				113	1,840*	113	1,840* Requesting publication of SIR after Examiner action
				115	110	215	55 Extension for reply within first month
				116	380	216	190 Extension for reply within second month
				117	870	217	435 Extension for reply within third month
				118	1,360	218	680 Extension for reply within fourth month
				128	1,850	228	925 Extension for reply within fifth month
				119	300	219	150 Notice of Appeal
				120	300	220	150 Filing a brief in support of an appeal
				121	260	221	130 Request for oral hearing
				138	1,510	138	1,510 Petition to institute a public use proceeding
				140	110	240	55 Petition to revive - unavoidable
				141	1,210	241	605 Petition to revive - unintentional
				142	1,210	242	605 Utility issue fee (or reissue)
				143	430	243	215 Design issue fee
				144	580	244	290 Plant issue fee
				122	130	122	130 Petitions to the Commissioner
				123	50	123	50 Petitions related to provisional applications
				126	240	126	240 Submission of Information Disclosure Stmt
				581	40	581	40 Recording each patent assignment per property (times number of properties)
				146	760	246	380 Filing a submission after final rejection (37 CFR § 1.129(a))
				149	760	249	380 For each additional invention to be examined (37 CFR § 1.129(b))
				Other fee (specify) _____			
				Other fee (specify) _____			
				SUBTOTAL (1) (\$)		SUBTOTAL (3) (\$)	
				Reduced by Basic Filing Fee Paid		675	
				SUBTOTAL (2) (\$)			

SUBMITTED BY

Name (Print/Type)	Mark Pohl	Registration No. (Attorney/Agent)	35325	Telephone	(913)665-0275
Signature	Mark Pohl	Date	4 Aug 00		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## UNITED STATES PATENT AND TRADEMARK OFFICE CERTIFICATE ACTION FORM

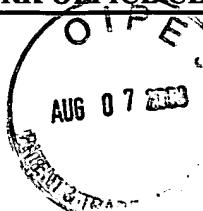
(Block 1)

REQUESTOR STATUS

Registered Attorney,  
Registration Number

35 325

PTO USE ONLY

 Independent (Pro se) Inventor

(Block 2)

REQUESTOR INFORMATION

Mark

POHL

Given Name

Middle Name

Family Name

55 Madison Ave

4th Floor (PMB 4014)

Street Address

APT

Morristown

NJ

07960

USA

City

State Code

Postal Code

Country Name

(973) 665-0275

(973) 665-9152

licensinglaw@juno.com

Telephone Number

Facsimile Number

Email Address

Customer Number

22925

Additional Customer Numbers Attached

(Block 3)

ACTION

Certificate Application 

Request a Certificate be issued to me by the USPTO.

Certificate Revocation   
I request that my Certificate be revoked.

Reason  
(Select One)New Certificate   
No Longer Needed Issued Legal Name Change   
Other Key Compromise Date Last Known to be Un-compromised 

Key Recovery   
I request that my encryption key be recovered.

Reason (Select One)

Forgotten or Lost Password Entrust Profile Corrupted or Lost Other Describe 

(Block 4)

SIGNATURE OF REQUESTOR

I have read and understand the Subscriber Agreement (Version 1, December 1999) and my signature on this document, by hand, is my agreement to abide by the agreement and the rules and policies of the USPTO regarding the agreement.

I certify that the information, statements and representations provided by me on this form are true and accurate to the best of my knowledge. I understand that a willfully false certification is a criminal offense and is punishable by law (18 U.S.C. 1001).

Aug. 04, 2000

(Requestor signature required from block 1)

Date (mm/dd/yyyy)

(Block 5)

IDENTIFICATION FOR INDIVIDUAL INVENTOR

SUBSCRIBED and SWORN to before me by \_\_\_\_\_  
this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_  
(county)

(Notarial Seal)

Notary Public \_\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

NOTARY: Note that two acceptable forms of identification specified in the instructions are required.

PRIVACY ACT AND PAPERWORK REDUCTION ACT STATEMENTS ATTACHED